Address Change or Change of Employment Form

401 KAR 11:020 and 401 KAR 8:030

300 Fair Oaks Lane

Frankfort, Kentucky 40601

If information related to the operator's employment or mailing address changes from that provided in the application for certification, the certified operator shall provide notification to the cabinet within thirty (30) days of change.		
Certificate Number(s) (List All):		
Drinking Water Treatment:		Distribution:
Wastewater Treatment:		Collection:
Address Change or		
Agency Interest # (see wallet card):		
Name:(Last)	(First) (Middle	Taikial)
		Initial)
New or Current Home Address: (Street, City, State, and Zip Code)		
Phone: HOME (WORK ()		
IDENTIFY BELOW FACILITIES FOR WHICH YOU RECENTLY ASSUMED OR RELINQUISHED RESPONSIBILITY.		
THIS INFORMATION MUST BE SUBMITTED WITHIN 30 DAYS OF THE CHANGE.		
Facility Name	KPDES/PWSID #	Effective Date
Signature:Date:		
Mail to: Division of Compliance Assistance Certification and Licensing Branch Operator Certification Program		

